



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90184 004 \*\*\*\*61.25

<b>DOCUMENT # N05000009732</b> 1. Entity Name <b>RESPONSIBLE DOG OWNERS OF MIAMI BEACH CORP.</b>					
Principal Place of Business <b>405 NORTH MIAMI BEACH., #104 MIAMI BEACH, FL 33139</b>				Mailing Address <b>405 NORTH MIAMI BEACH., #104 MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business <b>405 North Hibiscus Drive</b> Suite, Apt. #, etc. <b>Apt. #104</b> City & State <b>Miami Beach, FL 33139</b> Zip <b>33139</b>		3. Mailing Address <b>405 North Hibiscus Drive</b> Suite, Apt. #, etc. <b>Apt. #104</b> City & State <b>Miami Beach, FL 33139</b> Zip <b>33139</b>			
4. FEI Number <b>59-3814174</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREER, LUCIA C 405 NORTH HIBISCUS DRIVE., #104 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GREER, LUCIA C 405 NORTH HIBISCUS DRIVE., #104 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREER, ROBERT B 405 NORTH HIBISCUS DRIVE., #104 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LINDA 1203 COLUMBUS BOULEVARD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>LUCIA C. GREER</u> <u>Lucia C. Greer, President</u> <u>04/26/2006</u> <u>786-473-6164</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					